

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/	/		/			52						
3	/	/		/			53						
4	/	/		/			54						
5	/	/		/			55						
6	/	/		/			56						
7	/	/		/			57						
8	/	/		/			58						
9	/	/		/			59						
10	/	/		/			60						
11	/	/	/	/			61						
12	/	/	/	/			62						
13	/	/	/	/			63						
14	/	/	/	/			64						
15	/	/	/	/			65						
16	/	⊙	/	/			66						
17	/	/	/	/			67						
18	/	/	/	/			68						
19	/	/	/	/			69						
20	/	/	/	/			70						
21	/	/	/	/			71						
22	/	/	/	/			72						
23	/	/	/	/			73						
24	/	/	/	/			74						
25	/	⊙	/	/			75						
26	/	/	/	/			76						
27	/	/	/	/			77						
28	/	/	/	/			78						
29	/	/	/	/			79						
30				/			80						
31				/			81						
32				/			82						
33				/			83						
34				/			84						
35				/			85						
36				/			86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			9				TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS			9				TOTAL CLAIMS						